

## **Evaluation of the Patient-Generated Subjective Global Assessment (PG-SGA) as a predictor of febrile neutropenia in gynecologic cancer patients receiving combination chemotherapy: a pilot study**

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This study evaluated the reliability of the Patient-Generated Subjective Global Assessment (PG-SGA) of nutritional status as a predictor of febrile neutropenia (FN) in uterine (UC) or epithelial ovarian cancer (EOC) patients receiving primary combination chemotherapy. The PG-SGA score was assessed before initiation of chemotherapy. An increasing PG-SGA score is predictive of malnutrition and a score  $\geq 9$  requires immediate intervention. Patients with prophylactic colony-stimulating factor (CSF) administration were excluded from the analysis. A total of 76 patients were included in the study, but complete data were recorded for 58 patients only (42 EOC, 16 UC) which were finally analysed. Carboplatin and paclitaxel was the most common combination chemotherapy regimen used (58 patients, 91%). Patients were divided into three groups based on neutropenia during chemotherapy: 1) no grade 3 or 4 neutropenia, 2) grade 3 or 4 neutropenia, and 3) FN. 25 patients were in group 1 and had a median PG-SGA score of 6, 28 patients were in group 2 and had a median PG-SGA score of 7, and 5 patients were in group 3 and had a median PG-SGA score of 14. The area under the receiver operator characteristic (ROC) curve indicating the ability of the PG-SGA to predict FN was  $0.831 \pm 0.064$ . A PG-SGA cut-off value of 12.5 had a specificity of 81% and a sensitivity of 80%. Elevated PG-SGA scores correlated with an increased risk of both hematologic toxicity and the development of FN during combination chemotherapy. Further studies with more patients are needed to confirm these findings and implement PG-SGA scores as a FN predictor in routine praxis to tailor CSF prophylaxis.